

February 12, 2009

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**KAY GRANGER**

12TH DISTRICT, TEXAS



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#### **Long-Term Care and Retirement Security Act of 2009 (H.R. 897)**

I joined Rep. Putnam (R-FL) to introduce this bill. Long-term care refers to a variety of services that include medical and non-medical care to people who have a chronic illness or disability. Long-term care can be provided at home, in the community, in assisted living or in nursing homes. While long-term care is often used for the elderly, it is important to remember that it could be needed at any age.

This bill amends the Internal Revenue Code to allow a deduction for eligible long-term care insurance premiums for a taxpayer and the taxpayer's spouse and dependents; and a credit for eligible caregivers caring for certain individuals with long-term care needs.

Creating incentives and helping families to afford long-term care insurance will encourage many more Americans to take personal responsibility for their long-term care needs; not only providing more long-term care coverage but preserving public funds for those who truly need them.

#### **Promotion of Health Information Technology Act**

I joined Rep. Sam Johnson (R-TX) and Ways and Means Committee Ranking Member Dave Camp (R-MI) to introduce this bill. The bill codifies the Office of the National Coordinator for Health Information Technology (ONCHIT) in statute and clearly delineates its ongoing roles and responsibilities to coordinate federal health information technology efforts. It also requires the development of a strategic Federal plan to coordinate implementation efforts for health information technology standards, transaction standards, and new coding systems.

In addition, it requires the Secretary to adopt or reject proposed modifications or additions to existing standards within 90 days if the National Committee on Vital and Health Statistics recommends the change. Under the current process, it may take months or even years to approve a modified standard.

The bill allows physicians to increase the deduction for the purchase of qualified health care IT by medical care providers for two years after interoperability standards are adopted by HHS. It also requires the Secretary of HHS to set up an interest-free loan program, with priority given to hospitals receiving DSH payments, to assist in the purchase of CCHIT-certified health IT systems. In addition to providing incentives for physicians and hospitals to adopt health IT, the bill includes community health centers and federally qualified health centers in the current HHS demonstration to provide incentives for the adoption and utilization of electronic health records.

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